

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: MEYERS, Gregor,

THIEL, Heinz-Jurgen  
My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled "Hog cholera virus vaccine and diagnostic", the specification of which

[ ] is attached hereto.

[CHECK ONE]

[X] was filed on November 22, 1991 as Application Serial No. 07/797,554 and was amended on \_\_\_\_\_ [if applicable].

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

(U.S. Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
<u>07/494,991</u>	<u>16-03-1990</u>	<u>Pending</u>	
_____	_____	_____	_____

And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,722; Donna Bobrowicz, Registration No. 32,196; Allen C. Turner, Registration No. 33,041; John W. Schneller, Registration No. 26,031 and Louis A. Morris, Registration No. 18,100.

Please address all communications to:

William M. Blackstone  
AKZO PHARMA  
1330-A Piccard Drive  
Rockville, MD 20850-4373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Gregor MEYERS  
Inventor's signature *Gregor Meyers* Date 1-20-92

Residence 7000 Stuttgart 80  
Citizenship Deutsch  
Post Office Address Gammertingerstr. 79, 7000 Stuttgart 80, Germany

Full name of second joint inventor 1st Decl.  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence see 2nd Decl.  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of third joint inventor Heinz Jürgen THIEL  
Inventor's signature *H. J. Thiel* Date 1-20-92

Residence 7400 Tübingen  
Citizenship Deutsch  
Post Office Address Im Schönblick 67, 7400 Tübingen, Germany

Full name of fourth joint inventor \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: Tillmann RUMENAPF

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled "Hog cholera virus vaccine and diagnostic", the specification of which

[ ] is attached hereto.

[CHECK ONE]

[X] was filed on November 22, 1991 as Application Serial No. 07/797,554 and was amended on \_\_\_\_\_ [if applicable].

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_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

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(U.S. Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
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And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,722; Donna Bobrowicz, Registration No. 32,196; Allen C. Turner, Registration No. 33,041; John W. Schneller, Registration No. 26,031 and Louis A. Morris, Registration No. 18,100.

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Full name of sole or first inventor 2nd Decl.  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of second joint inventor Tillmann Rümenapf  
Inventor's signature T. Rümenapf 1/23/92 Date \_\_\_\_\_

Residence Pasadena Ca. 91101  
Citizenship Deutsch  
Post Office Address 425 S Hudson Av. 7, Pasadena Ca. 91101, U.S.A.

Full name of third joint inventor 2nd Decl.  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fourth joint inventor \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_